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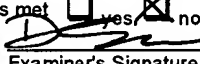

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/461,324 04/08/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	 Examiner's Signature	 Initials	STATE OR COUNTRY CANADA	SHEETS DRAWING 5	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
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## ADDRESS

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## TITLE

Hearing instrument with self-diagnostics

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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